

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000222767

Entity Name: JOWERS LANGER LLC

Current Principal Place of Business:

1565 LUDLOW ROAD
MARCO ISLAND, FL 34145

Current Mailing Address:

1565 LUDLOW ROAD
MARCO ISLAND, FL 34145 US

FEI Number: 83-2897133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMB, ALEXIS
1565 LUDLOW ROAD
MARCO ISLAND, FL 34145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEXIS LAMB

01/14/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name LAMB, ALEXIS CARLA
Address 1565 LUDLOW ROAD
City-State-Zip: MARCO ISLAND FL 34145

Title CEO
Name JOWERS, EVAN
Address 1565 LUDLOW ROAD
City-State-Zip: MARCO ISLAND FL 34145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAMB, ALEXIS CARLA

PARTNER

01/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000222767

Entity Name: JOWERS LANGER LLC

Current Principal Place of Business:

1565 LUDLOW ROAD
MARCO ISLAND, FL 34145

Current Mailing Address:

1565 LUDLOW ROAD
MARCO ISLAND, FL 34145 US

FEI Number: 83-2897133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMB, ALEXIS
1565 LUDLOW ROAD
MARCO ISLAND, FL 34145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEXIS LAMB

01/19/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name LAMB, ALEXIS CARLA
Address 1565 LUDLOW ROAD
City-State-Zip: MARCO ISLAND FL 34145

Title CEO
Name JOWERS, EVAN
Address 1565 LUDLOW ROAD
City-State-Zip: MARCO ISLAND FL 34145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXIS CARLA LAMB

COO

01/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000222767

Entity Name: JOWERS LANGER LLC

Current Principal Place of Business:

240 NW 25TH ST
537
MIAMI, FL 33127

Current Mailing Address:

240 NW 25TH ST
537
MIAMI, FL 33127 US

FEI Number: 83-2897133

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAMB, ALEXIS
240 NW 25TH ST
537
MIAMI, FL 33127 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEXIS LAMB

02/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name LAMB, ALEXIS
Address 240 NW 25TH ST
537
City-State-Zip: MIAMI FL 33127

Title OTHER
Name LANGER, ADAM
Address 240 NW 25TH ST
537
City-State-Zip: MIAMI FL 33127

Title CEO
Name JOWERS, EVAN
Address 240 NW 25TH ST
537
City-State-Zip: MIAMI FL 33127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXIS LAMB

COO

02/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000222767

Entity Name: JOWERS LANGER LLC**Current Principal Place of Business:**240 NW 25TH ST
537
MIAMI, FL 33127**Current Mailing Address:**240 NW 25TH ST
537
MIAMI, FL 33127 US**FEI Number:** 83-2897133**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAMB, ALEXIS
240 NW 25TH ST
537
MIAMI, FL 33127 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ALEXIS LAMB

02/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------|
| Title | COO |
| Name | LAMB, ALEXIS |
| Address | 240 NW 25TH ST 537 |
| City-State-Zip: | MIAMI FL 33127 |

| | |
|-----------------|-----------------------|
| Title | OTHER |
| Name | LANGER, ADAM |
| Address | 240 NW 25TH ST 537 |
| City-State-Zip: | MIAMI FL 33127 |

| | |
|-----------------|-----------------------|
| Title | CEO |
| Name | JOWERS, EVAN |
| Address | 240 NW 25TH ST 537 |
| City-State-Zip: | MIAMI FL 33127 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXIS LAMB

COO

02/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

L18000222767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 SEP 20 AM 9:17

ST. LOUIS, MO
FALL ARK. SEC. 10000A

18 SEP 20 PM 3:53

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FALL ARK. SEC. 10000A

SEP 21 2018

T SCHROEDER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/20/18

NAME: JOWERS LANGER LLC

TYPE OF FILING: ARTICLES

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jowers Langer LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
Florida Filing & Search Services, Inc.
Firm/Company
155 Office Plaza Drive, Suite A
Address
Tallahassee, FL 32301
City/State and Zip Code
adamlanger@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Langer 917 501-9376
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jowers Langer LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1830 South Ocean Drive, Apt. 5102

1830 South Ocean Drive, Apt. 5102

Hallandale Beach, FL 33009

Hallandale Beach, FL 33009

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Adam Langer

Name

1830 South Ocean Drive, Apt. 5102

Florida street address (P.O. Box NOT acceptable)

Hallandale,

FL

33009

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

x

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 SEP 20 AM 9:17
STATE OF FLORIDA
HALLANDALE BEACH, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBER

Name and Address:

Adam Langer

1830 South Ocean Drive, Apt. 5102

Hallandale, FL 33009

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Adam Langer

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
18 SEP 20 AM 9:17
CLERK OF THE COURT
HALLANDALE, FLORIDA